

**ATTACHMENT A**

**Contact Person for all Staff Inquiries.**

**Mr. Mark Pavol will be the contact person to work with Staff on all issues stated in question number six, a-g.**

**Mark Pavol-Secretary/Treasurer  
270 South Main Street  
Phone: 908-806-4479  
Fax: 908-806-2178  
Email: [Mark@x2comm.com](mailto:Mark@x2comm.com)**

FILED C 32729-99

DEC 21 1999

RECEIVED  
DECEMBER 21 1999  
DEPUTY SECRETARY OF STATE

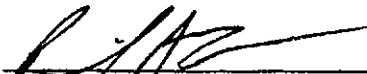
Articles of Incorporation  
For  
**X2COMM, Inc.**  
(Pursuant to NRS 78)  
State of Nevada  
Secretary of State

1. **Name of Corporation:** X2COMM, Inc.
2. **Resident Agent:** The name and street address in Nevada of the Resident Agent for this Corporation where process may be served is:  
  
National Registered Agents, Inc. of NV  
202 South Minnesota Street  
Carson City, Nevada 89703
3. **Shares:** The corporation is authorized to issue 1,500 shares of common stock, all of one class, at \$1.00 par value per share.
4. **Governing Board:** The governing board shall be styled as Directors. The First Board of Directors shall consist of 1 Member(s) whose name and address information is as follows:

Name  
Emanuel DeMaio

Address  
809 Atkinson Circle  
Neshanic Station, New Jersey 08853

5. **Purpose:** The purpose of the corporation shall be to engage in any and all lawful business.
6. **Signatures of Incorporator(s):** The name and address information of the incorporator signing the Articles of Incorporation is as follows:

  
Philip K. Akalp, Incorporator  
26500 West Agoura Road, #572  
Calabasas, California 91302

7. **Certificate of Acceptance of Appointment of Resident Agent:** I, National Registered Agents, Inc. of NV, hereby accept appointment as Resident Agent for the above-named corporation.

  
Signature of Resident Agent

12/16/99  
Date

12/21/1999 03:47P KAG:BS FY00-000-36918



## OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

NOVEMBER 16, 2001

6191-550-8

X2COMM, INC.  
270 S MAIN ST  
FLEMINGTON, NJ 08822

RE X2COMM, INC.

DEAR SIR OR MADAM:

IT IS OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE AUTHORITY ACKNOWLEDGING REGISTRATION.

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN ILLINOIS IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED, AS PROVIDED BY SECTION 1.10 OF THE BUSINESS CORPORATION ACT OF THIS STATE. FOR FURTHER INFORMATION CONTACT YOUR RECORDER OF DEEDS.

THE CORPORATION MUST FILE AN ANNUAL REPORT AND PAY FRANCHISE TAXES PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF QUALIFICATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SECURITIES CANNOT BE ISSUED OR SOLD EXCEPT IN COMPLIANCE WITH THE ILLINOIS SECURITIES LAW OF 1953, 815 ILLINOIS COMPILED STATUTES, 5/1 ET SEQ. FOR FURTHER INFORMATION, CONTACT THE OFFICE OF THE SECRETARY OF STATE, SECURITIES DEPARTMENT AT (217) 782-2256 OR (312) 793-3384.

SINCERELY YOURS,

JESSE WHITE  
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES  
CORPORATION DIVISION  
TELEPHONE (217) 782-6961

JW:CD

Form **BCA-13.15**  
(Rev. Jan. 1999)

APPLICATION FOR CERTIFICATE  
OF AUTHORITY TO  
TRANSACTION BUSINESS IN ILLINOIS

**SUBMIT IN DUPLICATE!**

Jesse White, Secretary of State  
Department of Business Services  
Springfield, IL 62756  
Telephone (217) 782-1834  
http://www.sos.state.il.us

This space for use by Secretary of State

**FILED**

NOV 16 2001

JESSE WHITE  
SECRETARY OF STATE

This space for use by  
Secretary of State

Date 11-16-01

License Fee \$

Franchise Tax \$ 25.00

Filing Fee \$ 75.00

Penalties \$

Approved: \$100.00

Payment must be made by  
certified check, cashier's check,  
Illinois attorney's check, Illinois  
C.P.A.'s check or money order,  
payable to "Secretary of State."

1. (a) CORPORATE NAME: X2 COMM, INC.

(Complete item 1 (b) only if the corporate name is not available in this state.)

(b) ASSUMED CORPORATE NAME: \_\_\_\_\_  
(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form BCA 4.15 is attached.)

2. (a) State or Country of Incorporation: NEVADA

(b) Date of Incorporation: 12/1/99

(c) Period of Duration: PERPETUAL

3. (a) Address of the principal office, wherever located: (b) Address of principal office in Illinois:  
(If none, so state)

270 South MAIN ST.  
Flemington, NJ 08822 NONE

4. Name and address of the registered agent and registered office in Illinois.  
Registered Agent NATIONAL REGISTERED AGENTS  
First Name Middle Name Last Name

Registered Office 208 South LaSalle ST. Suite 1855  
Number Street Suite #  
Chicago 60604 COOK  
City ZIP Code County

5. States and countries in which it is admitted or qualified to transact business: (Include state of incorporation)  
NJ, NV, PA, FL.

6. Names and residential addresses of officers and directors:

Name	No. & Street	City	State	ZIP
President <u>MANNY DEMARCO</u>	<u>270 South MAIN ST.</u>	<u>Flemington</u>	<u>NJ</u>	<u>08822</u>
Secretary <u>MARK PAUL</u>	<u>270 South MAIN ST.</u>	<u>Flemington</u>	<u>NJ</u>	<u>08822</u>
Director <u>MANNY DEMARCO</u>	<u>270 South MAIN ST.</u>	<u>Flemington</u>	<u>NJ</u>	<u>08822</u>
Director				

If more than 3, attach list

7. Purpose or purposes proposed to be pursued in transacting business in this state:  
(If not sufficient space to cover this point, add one or more sheets of this size.)

Long Distance phone Service

8. Authorized and issued shares:

Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued
Common		1.00	1,500	1,500

9. Paid-in Capital: \$ 325,000 -  
("Paid-in Capital" replaces the terms Stated Capital & Paid-in Surplus and is equal to the total of these accounts.)

10. (a) Give an estimate of the total value of all the property\* of the corporation for the following year: \$ 250,000 -
- (b) Give an estimate of the total value of all the property\* of the corporation for the following year that will be located in Illinois: \$ - 0 -
- (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: \$ 1.00
- (d) State the estimated annual business of the corporation to be transacted by it at or from places of business in the State of Illinois: \$ 1.00

11. Interrogatories: (Important - this section must be completed.)

- \*\* (a) Office or offices to which all contracts with the corporation are forwarded for final acceptance: 270 South Main St. Fleming TON, NT 08822
- (b) Number of shares of all classes owned by residents of Illinois: 0
- (c) Number of shares of all classes owned by non-residents of Illinois: 1,500
- (d) Is the corporation transacting business in this state at this time? NO.
- (e) If the answer to item 11(d) is yes, state the exact date on which it commenced to transact business in Illinois:

12. This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.

13. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK.**)

Dated September 12, 2001  
(Month & Day) (Year)

attested by [Signature]  
(Signature of Secretary or Assistant Secretary)  
Mark Paul Sec/Treas

X2Comm, INC.  
(Exact Name of Corporation)  
[Signature]  
(Signature of President or Vice President)  
by Mark Paul Sec/Treas. / Vice Pres.



## OFFICE OF THE SECRETARY OF STATE

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JESSE WHITE • Secretary of State

JANUARY 8, 2002

6191-550-8

X2COMM, INC.  
270 S MAIN ST  
FLEMINGTON, NJ 08822

RE DIRECT CONNECT COMMUNICATIONS (420435)

DEAR SIR OR MADAM:

APPLICATION TO ADOPT AN ASSUMED NAME HAS BEEN PLACED ON FILE AND THE CORPORATION CREDITED WITH THE REQUIRED FEE.

THE DUPLICATE COPY IS ENCLOSED.

SINCERELY,

JESSE WHITE  
SECRETARY OF STATE  
DEPARTMENT OF BUSINESS SERVICES  
CORPORATION DIVISION  
TELEPHONE (217) 782-6961

JW:CD

Form **BCA-4.15/**  
**4.20**

(Rev. Jan. 1999)

**APPLICATION TO ADOPT,  
CHANGE OR CANCEL,  
AN ASSUMED CORPORATE NAME**

File # **61915508**

Jesse White  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
Telephone (217) 782-9520  
<http://www.sos.state.il.us>

**Filed 1/8/2002**

**Jesse White Secretary of State**



CP0420435

**SUBMIT IN DUPLICATE**

This space for use by  
Secretary of State

Date **Filed 1/8/2002**

Filing Fee **120.00 EC**

Approved: **CF**

Remit payment in check or money  
order, payable to "Secretary of State".

1. CORPORATE NAME: X2 Comm, INC.
2. State or Country of Incorporation: Nevada
3. Date incorporated (if an Illinois corporation) or date authorized to transact business in Illinois (if a foreign corporation): 11/16, 2001  
(Month & Day) (Year)  
(Complete No. 4 and No. 5 if adopting or changing an assumed corporate name.)
4. The corporation intends to adopt and to transact business under the assumed corporate name of:  
DIRECT CONNECT COMMUNICATIONS
5. The right to use the assumed corporate name shall be effective from the date this application is filed by the Secretary of State until 11-1 12 / 2005, the first day of the corporation's anniversary month in the next year which is evenly divisible by five.  
(Month & Day) (Year)  
(Complete No. 6 if changing or cancelling an assumed corporate name.)
6. The corporation intends to cease transacting business under the assumed corporate name of:  
\_\_\_\_\_
7. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true.

Dated 12-3, 01  
(Month & Day) (Year)

attested by [Signature]  
(Signature of Secretary or Assistant Secretary)

MARK PAUL SECRETARY  
(Type or Print Name and Title)

X2Comm, INC.  
(Exact Name of Corporation)

by [Signature]  
(Signature of President or Vice President)

Manny DEMAIO, PRES.  
(Type or Print Name and Title)

NOTE: The filing fee to adopt an assumed corporate name is \$20 plus \$2.50 for each month or part thereof between the date of filing this application and the date upon which the corporation may renew its use.

The fee for cancelling an assumed corporate name is \$5.00.

C-148.11 The fee to change an assumed name is \$25.